MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11508 11503 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ST. MARY 5 MARYLAND ST. MARY S MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) ician and completely filled in by the lease remove carban papers. Pagand in any event, within 72 hours LEONARDTOWN 10 DAYS EONARDTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ST. MARY & HOSPITAL YES NO X 3. NAME OF Middle First 4. DATE Lost Month Doy Year DECEASED 25, 67 (Type or print) MARY ALBERTA BLACKISTONE AUGUST 19 DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** birthdoy) Months EGRO Hours WIDOWED DIVORCED Oct. 31,1905 FEMALE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician sermit. Then please MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, SADIE HAYDEN WILLIAM GOUGH 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address signed by the atter burial-transit perm burial, crematian, o LUCIOUS BLACKISTONE LEONARDTOWN, MD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse etached far use as the Dept. af Health priar ta has been last. 19. WAS AUTOPSY DERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ATTENDING PHYSICIAN: The NO Y TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased from any 20, 1967, to a. 25 , 1967, that (1) (we) last be retained saw the deceased alive an July 1967, and that death accurred at 107 M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. Page 4 may be r M.D. DIRECTOR ed PHYS. directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) WILLIAM D. Boyo M. D. LEGNARDTOWN. MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (Stote) (County) BURIAL (Specify) Aug. 28, 1967 ST. JOHNS CEMETERY & HOLLYWOOD MARYLAND 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 Conlan W.CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

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1 1	MARYLAND STATE DEI		
	DIVISION OF VITAL RECORDS, 301 W. PREST		11509
STATE H DIPIN	I. PLACE OF DEATH	CERTIFICATE OF DEATH  2. USUAL RESIDENCE AVERS Processed lived, if institution:	Paridania hafan allaintian)
epartment	o. COUNTY St. Mary's MARYLAND	o. STATE Mary Land	St// Wary s
ond in ony event within 72 hours after deoth	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Patuxent River  2 vrs.	c. CITY OR TOWN (If autside corporate limits, write RURAL USNASA/Particle (HTT)	and give nearest tawn)
21	Patuxent River 2 yrs.  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
0/6	Station Hospital, USNAS	RR-2	YES NO
	3. NAME OF First Middle DECEASED (Type or print) David Joseph Borgic	lost 4. DATE Month OF DEATH August	Doγ Year 28. 1967
1	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	( lost birthdov)   N	FUNDER 1 YEAR IF UNDER 24 HRS In IF UNDER 24 HRS
	male   caucasian   WIDOWED   DIVORCED     100. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired)   INDUSTRY	June 10, 1942 25 yrs. 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Aviation AntiSub Warfare Tech. U.S.Na. 13. FATHER'S NAME	vy Illinois 14 MOTHERS MAIDEN NAME	U.S.
	Wilfred Borgic	Waneta Bolite	
7/ 1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)  YES  JUN 1960-1967 351 34 1071	Official U. S. Navy Rec	ords
event within 72 hours after deoth	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
/	927. 8 IMMEDIATE CAUSE (o) Asphyxiation du	e to drowning.	IMMED
	Conditions, if ony, which gove his to immediate cause (a), (b)		
	stoting the underlying couse lost. (c)		
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES 💢 NO
18	200. EXTERNAL CAUSE WAS PRIMARY IN or CONTRIBUTING CAUSE OF DEATH.  200. TIME OF INJURY Month, Doy, Yeor Hour o.m.  200. TIME OF INJURY Month, Doy, Yeor Hour o.m.  200. TIME OF INJURY Month, Doy, Yeor Hour o.m.	(Enter noture of injury in Port 1 or Port 1 of jtem 18)  due to drowning. DISABLED	BOAT TO SHORE
	20x TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 2 20s. PL	ACE OF INJURY (Home form 201 (City or town)	
18	3:00 pm AUG 28 19 67 of work work work	sepeke Bay Proximal to	Mary s, Md (Stote)
	21. I certify that I taak charge of the repains described above, h		
, north	death resulted from Notific sesser , Accident , Su	CHIEF MEDICAL EXAMINER	ner
	ACTUAL C. F. MacCarthy, M.D. (LT, MC, U.		22. DATE SIGNED 28 AUG 67
2	EXAMINER'S WILLIAM D. BOYD M.D.	DEPUTY MEDICAL EXAMINER A Address (Street, city, town, or county) LEONA	
Neodin prior to burlos, crema	230. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF	The state of the s	
,	TRANSIT AUG29 1967  21 FILE RAL DIRECTOR  ADDRESS		FRAR'S SIGNATURE
9	Dun m. Meller	DATE AUG 3 1 1967 LCC	Corles Juage
0	JOHN M. WILCH LEONARDTOWN Md.		<i>U V</i>

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11510 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11505 FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY o. STATE b. COUNTY St. Mary s
b, CITY OR TOWN (If autside corporate limits, MARYLAND ST. MARYS Maryland State Department c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 15 write RURAL and give nearest tawn) 172 CHINLEE DR. PATUXENT RIVER d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? LEXINGTON PARK Item 18. Give Pages YES NO BE Naval Air Station Hospital 24 haurs after death. alang with NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) EDWARD BRADLEY. DEATH August SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TY AGE (In years lost birthdoy) Months Hours WIDOWED DIVORCED 7/28/1943 Office o land 2 2415 deat Colored 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT INDUSTRY USN during most of working life, even if retired) \_= TEXAS PARACHUTE RIGGER Examiner's pages pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within BOBBIE BRADLEY IRENE SAMPLE .⊆ IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Medical "pending" within 1962-1967 OFFICIAL NAVY RECORDS - SAME AS 1B 464 68 0300 YES 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-transit event 1 PART I. DEATH WAS CAUSED BY ONSET AND DEATH he Chief IMMEDIATE CAUSE (o) \_ Gunshot wound of chest This certificate shauld writing the ward DUE TO duy Conditions, if any, which gove (b) 10 rise to immediate couse (a). ⊆ DUE TO stoting the underlying couse forwarded SD remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate, NO pe 20a. EXTERNAL CAUSE WAS.
PRIMARY X or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 shauld Ы shauld EXAMINER: CAUSE OF DEATH. Subject was shot in the chest WEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED please execute the (County) (Stote) foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work 67 of work Hermansville 1.50 Tavern 21. I certify that I taak charge of the remains described above, held an Autapsy 🔀 Inspection . Inquiry [ and in my apinion death resulted from: Natural causes Accident Suicide 1 Homicide X Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE funeral O DEPUTY pe DEPUTY MEDICAL EXAMINER **EXAMINER'S** May NAME (Type) Address (Street, city, town, or county) Russell S. Fisher, M.D. August 25. 1967 230. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ((ounty) 0 8/27/67 AMARILLO. TEXAS 2So. REC'D BY REGISTRAR **ADDRESS** VR A15ME (5) DATE AUG 3 6M 1/67 - LEONAHDTOWN . MD .

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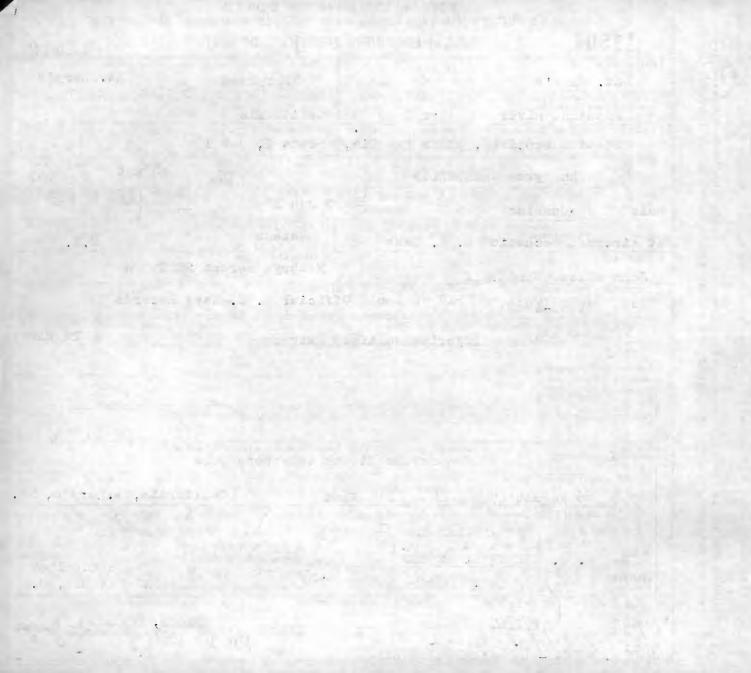
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11511 11508 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) o. COUNTY h COUNTY delay is and 3 ta ST. MARY S o. STATE Page MARYLAND ST. MARY S CLENGTH OF STAY IN 15 b. CITY OR TOWN (If outside corparote limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PM3. write RURAL and give negrest tawn) PINEY POINT RURAL PINEY POINT LIFE RURAL IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 00 NOVE YES Give Poges This certificate shauld be executed within 24 haurs after death 3. NAME OF Middle 4. DATE First Month Doy Year DECEASED BRISCOE CLARENCE 1967 SUSCOEC DEATH AUGUST IF UNDER 1 YEAR 1F UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours in Item 18. Office al SEPT.8.1896 l and MALE NEGRO WIDOWED X DIVORCED 72 hours after death 10o, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? MARYLAND FARMING 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME in pencil File CAROLINE WILSON WILLIAM BRISCOE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address APT.201 to the Chief Medical (Yes, no, or unknown) (If we give wor or dates of service "pending" event within 570-01-4703 DENICE M. DICKENS 2108-38TH. ST. S.E. WASH. D.C. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit Relevasion IMMEDIATE CAUSE (o) please execute the certificate, writing the ward DHE TO any Conditions, if ony, which gove rise to immediate cause (a), DUE TO 0 stoting the underlying cause puo SD 19. WAS AUTOPSY PERFORMED? nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or removal, NO V be 1 2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH crematian, (County) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) 2Dc. TIME OF INJURY Month, Day, Year Not While factory, street, affice blda., etc.) FUNERAL DIRECTOR: Page at wark of work Inspection X Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Natural couses deoth resulted from: Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health p WILLIAM D. BOYD M.D. Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION 23b DATE THEREOF (County) 0 REMOVAL (Specify) VALLEY LEE ST MARY'S MO GISTRAR 25b. REGISTRAR'S SIGNATURE BURIAL Aug. 31, 1967 ST. GEORGE CEMETERY 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) Milianley 1967 W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

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MAKTLAND STATE DEPAKEMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 11512 HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) delay i. nd 3 to Page a COUNTY St. Mary's b. COUNTY St. Maryland Mary's MARYLAND b. CITY OR TOWN (If outside carporaté limits, c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town) M3. 2yr 3 mo California Patuxent River aff d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Ma. d. STREET ADDRESS -8. IS RESIDENCE ON A FARM? haurs Station Hospital, USNAS Pax Riv. Route 2, Box 194 NO X hours after degth. 3. NAME OF Middle 4. DATE Month Year DECEASED the John Byron CHAMBERLIN August Give 1067 within (Type or print) DEATH with S SFX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED 9. AGE (In years DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 Jan 1938 last birthday) Months Male Caucasian WIDOWED DIVORCED Item 1 Office event and 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF RUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life even it retired to the chanic Montana COUNTRY? Navv AUD pages in any within pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kathryn Bertha PETERSON John Allen CHAMBERLIN and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? This certificate should be executed 16. SOCIAL SECURITY NO. 17. INFORMANT the certificate, writing the ward "pending" i 4 shauld be farwarded ta the Chief Medical permit. (Yes, no grunknown) (If yes give war or dates of service) 517 40 1262 remayal. Official U. S. Navy Records 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH + IMMEDIATE CAUSE (a) Injuries Multiple Extreme s a burial-tro crematian, ( writing the ward Canditions, if any, which gove rise to immediate couse (p). DUE TO stating the underlying couse S burial, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS) PERFORMED? please execute the certificate. to YES V NO pe 3 should beent, prior 1 200. EXTERNAL CAUSE WAS PRIMARY (A or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Motorcycle Struck telephone pole **EXAMINER:** 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) may be retained far your FUNERAL DIRECTOR: Page Hour o.m. Road Road of work California, St. Mary's, Md. p.m.6 August1967 ot work 21. I certify that I taak charge of the remains described above, held an Autapsy XI. Inspection X. Inquiry X and in my apinion TO DEPUTY MEDICAL the funeral directar. death resulted frame Accident A Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER Lt 22. DATE SIGNED J. VUKMER ASSISTANT MEDICAL EXAMINER SIGNATURE 6 Aug 1967 Б SDEPUTY MEDICAL EXAMINER IN **EXAMINER'S** NAS PAX RIV, MD. Health NAME (Type) Address (Street, city, tawn, or county) BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 10 0 REMOVAL (Specify) 8/9/67 MONTANA 1967 REGISTALES CONTINUE ADDRESS VR A15ME (5) 6M 1/66 LEONARDTOWN . MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH A DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY St.Mary's Marvland St.Marv's MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Lexington Park 5 i.eonardtown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled Japers In 72 I d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Mary's Hospital 5 Lincoln Avenue No 3d YES within WITH etely 3. NAME OF DECEASED Middle Last DATE Month 4. Day Year (Type or print) Ü DEATH BABY Courtney 19 67 GIRT. August 21 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED ешол any ъ WIDOWED DIVORCED F Female Nearo August 21 1967 physician an please reval, and in Ξ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT þę during most of working life, even If retired) INDUSTRY **COUNTRY?** death certificate MARYLAND USA removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME tending ph it. Then James (Unknown) Marv Frances Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITYNO. 17. INFORMANT the atten it permit. (Yes, no, or unkown) (If yes give war or dates of service) cremation, Mother Lexington Park Mary 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN been signed transit the burial trems ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. 93 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate his WAS AUTOPSY for use Health PERFORMED? the hospital or NO IV YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached for the Dept. of I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, of cebldg., etc.) Hour a.m. Not While p.m. 19 at work at work retained o 21. I certify that (I) (this tree that attention the deceased from that (I) (web-last DIRECTOR age 3 should be seen that the saw the deceased alive on. and that deat occurred at the causes and on the date stated above. W. from 22a. SIGNATURE 22b. DATE SIGNED **8** 8 page ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. FUNERAL PHYSICIAN'S director, p 22d. ADDRESS NAME (Type) James P. Jarboe M.D. Great Mills Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23a. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) ST. JOSEPHS CEMETERY MORGANZA MD. Mediardtown, Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE abinson's VR A15 (4' 1/65

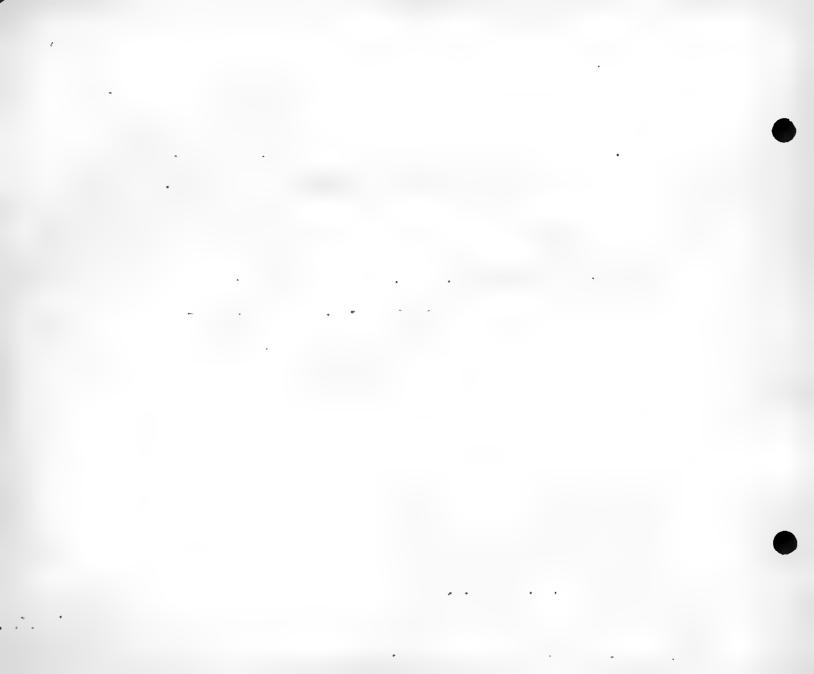


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence within 24 hours a. COUNTY A. STATE **b.** COUNTY ST. MARYS MARYLAND MARYLAND ST. MARYS and h deat b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) filled in Pages 1 hours after RURAL MECHANICSVILLE RURAL MECHANICSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? etely RT. YES NO Y 2 3. NAME OF First 4. DATE Ymar Middle Month Dev DECEASED and of mpl OF within (Type or print) DEATH GEORGE PENWICK 1967 AUG. Carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS AGE (In yeers | IF UNDER 1 YEAR last birthday) Months event, Hours WIDOWED MALE NEGRO DIVORCED [ physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Siete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Brity MARYLAND USA please Ξ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and HARRY FENWICK BUTLER Then requires that the OVal. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad dress (Yes, no, or unkown) (livesgive wer or detes of service) physician. signed by 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation. the burial-transit burial, cremation, DUE TO attending Conditions, if any, which gave rise to immediate cause has DUE TO (e), stelling the underlying PHYSICIAN: 6 cause last. After this certificate the hospital PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS SE 2 CERTIFICATION PERFORMED? use prior NO for 20e. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Health OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ) 2Df. (City or town) (County) (State) Month, Dev. Yeer Ö fectory, street, office bldg., etc.) Not While While 3 should be del Hour e.m. et work et work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from. to State M, from the causes and on the date stated above. saw the deceased alive. ....19.00..... and that death occurred at 6 may 22a. SIGNATURE DATE ATTENDING PHYS. AAFD STAFF SIGNED FUNERAL HOSPITAL eged DIRECTOR PHYS. Page ¥iih 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) ector, Polij . ROY GUYTHER M.D. MECHANICSVILLE, ND. 23a, SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) 品売の REMOVAL (Specify) ST. JOSEPHS CEMETERY MORGANZA, MD. 25%. REC'D BY REGISTRAR 2217 REGISTRATE SIGN ADDRESS VR A15 (4) WELCH LEONARDTOWN MD. 20M 5-634

MARYLAND STATE DEPARTMENT OF HEALTH



STATE OF THE PARTY	1	DIVISION OF STATISFICAL RESEARCH AND RECORDS, SC	JI W. PRESION STREET, BALTIMUKE, MAKTLAN	ID 21201
FOR STATE		115 · 0 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	11515
HEALTH DEPT	T	PLACE OF DEATH  G COUNTY	2 USUAL RESIDENCE (Where deceased lived if institution	Residence befare admission)
Page 3 to		ST. MARYS MARYLAND	o. STATE 6 COUNTY	ST_MARYS
		b CITY OR TOWN (if putside corporate limits   c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
2, and PM3 partmet		write RURA, and give neorest town) LEONARDTOWN	SILVER SPRING	,
E 27 E B 55		d NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS	e is residence on a farm?
ath If any de vages 1, 2, and the farm PM3 State Departm		ST. MARYS HOSPITAL	10107 PORTLAND PL.	YES NO
death If Pages with farr po State I	3	NAME OF First Middle	Lost 4 DATE Month	Doy Year
TO 00 7 A		DECEASED (Type or print) KARL WILHELM (WILLIAM) HEI	NZMAN OF DEATH AUG.	10 1967
after alang	5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BRTH 9 AGE (In years IF	UNDER LYEAR IF UNDER 24 HRS
		MALE WHITE WIDOWED DIVORCED	8/6/1890   lost b rthdoy) M	anths Doys Hours Min
24 haurs in Item 11 r's Office es Tang		USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT
74 † 74 † 74 † 74 † 75 ° 5 ° 10 ° 10	dur	ng most of working life, even if retired)  BAKER (RETIRED)  INDUSTRY  BAKING	GERMANY	COUNTRY?
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mith ami		KARL WILHEIM HEINZMAN. SR.	SOPHIA HAUG	
ed with person in person i	15	WAS DECEASED EVER N S ARMED FORCES? 14 SOCIA SECURITY NO. 17	INFORMANT Address	
be executed 'pending' ir hief Medical   ansit permit. ar remaval, o	(11	s no, or unknown) (f yes give wor or dotes of service) 578-09-1115 M	RS. LOUISE HEINZMAN SAME AS	3 #2
exe Me horiza		1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	ALL A TIGHT IAM	INTERVAL BETWEEN
should be e re ward 'per o the Chief ! burial-transit matian, ar re		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	on occlusion	ONSET AND DEATH
ord		+ 201 DUE TO	Selevatie It D	
sho e w th th ouric		Conditions, fony, which gove this to immediate couse (o).	Selevalie It D	342
d to a b		stoting the underlying cause DUE TO		V
vertificati wr fing trwarded rwarded as a sed as a		lost (c)		
JNER: This certificate should be executed within 24 haurs should be tertificate, withing the ward "pending" in pencil in Item I should be farwarded to the Chief Medical Examiner's Officefiles.  3 should be used as a burial-transit permit. File pages Tank?	l <sub>g</sub>	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	9 WAS AUTOPSY PERFORMED?
This create, be fail to be ur to b	CERTIFICATION	· ·		YES NO X
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INER: To certificate should be files.  3 should be sont, prior		CAUSE OF DEATH		
2 ± 4 = 0 p	MEDICAL		ACE OF INJURY (Home, form and critical bldg, etc.)	(Caunty) (State)
AL EXA	ı	21. I certify that I taak charge of the remains described above hi	eld an Autopsy [], Inspect an [X], Inquiry	X and in my apinian
AL execution for the formal fo			cide, Hamicide Undetermined mann	
Brecho ecto	1	A A C A C	CHIEF MEDICAL EXAMINER	8/10/67
MEDICAL EX please execution director. Page retained far y L DIRECTOR: Pe		ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
JTY, ry, eral be be ar i		EXAMINED.C	DEPUTY MEDICAL EXAMINER	
DEPUTY ( pecssary, p te funeral may be re FUNERAL ( ealth ar its	L	NAME (Type) WM. D. BOYD M.D.	Address (Street, city, town, or county) I, EONAF	RDTOWN, MARYLAND
ro DEPUTY MEDICA necessary, please ex the funeral director. 5 may be retained for EUNERAL DIRECTO	231	BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR	I Frince Geor	ges (Co. Md)
		BURTAL 8/14/67 FORT LINCOI	IN CEMETISRY 3201 BLADENSE	BURG RD. Washing
VR ATSME TEN	H	(BUNERAL DIRECTOR), Welch ADDRESS		PAR'S SIGNATURE Judge
6M 1/66 3	_	OHN M. WELCH - LEONARDTOWN, MARYLAND	DATE AUG 1 1 1001	-00



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11516 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. STATE o. COUNTY **b.** COUNTY ST. MARY B MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) papers. rus write RURAL and give nearest town) LEXINGTON PARK. LEGNARDTOWN DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM campletely-fifted, NO X ST. MARY 8 HOSPITAL Box 232 YES NAME OF 4 DATE Year DECEASED 19 67 (Type or print) DEATH COL HOPEWELL AUGUST VERNETTE AGNES IF JNDER 24 HRS AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED remave lost birthdoy) Months Dovs Hours and in any WIDOWED DIVORCED AUGUST 27.1926 FEMALE NEGRO and 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY **COUNTRY?** CALIFORNIAM MARYLAND U.S.A NURSE 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, attending phys LAURA BEALE SAMUEL KANE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service 17. INFORMANT Address 16. SOCIAL SECURITY NO JEROME R. HOPEWELL SAME AS ABOVE 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). **DUF TO** stating the underlying cause has been ed rar use as the of Health priarta WAS AUTOPS THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PERFORMED? CERTIFICATION NO certificate 20b. DISCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour 'o.m Not While ot work at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram 2 1 Page 4 may be retained director, page 3 shauld shauld be filed with the 7 LAM, from causes and an the date stated above. saw the deceased alive an and that death accurred at 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF DIRECTOR PHYS PHYS 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) LEXINGTON PARK. MICHAEL BARBARICH MARYLAND M. D. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, EREMATION (County) (Stote) REMOVAL (Specify) Aug. 29, 1967 HOLY FACE CEMETERY ST MARY GREAT MILLS. BURIAL REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11512 CERTIFICATE OF DEATH 11517 death PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o STATE b. COUNTY campletely tilled in by the fun ave contain papers Pages 1: y event, within 72 haurs after ST. MARY S MARYLAND ST. MARY 8 MARYLAND b CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ST. MARY TE CITY MARY & CITY 1 TEE IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES Y NO NAME OF Middle First 4. DATE Lost Month Doy Year DECEASED 0F (Type or print) HOWARD AUGUST 19 67 BROME DEATH JEANNETTE S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE ( n years 7. MARRIED NEVER MARRIED lost birthday) Months Dovs Hours signed by the attending physician and ca burial-transit permit. Then please remay burial, crematian, or removal, and many WIDOWED & DIVORCED SEPT . 21 . 1881 WHITE FEMALE 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? ST. MARY'S CITY, Mo. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI attending phys nermit. Then F KMMXKXHEXXHERR ELIZA EMALINE THOMAS JAMES THOMAS BROME IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (IIf yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. J. SPENCE HOWARD JR. SAME AS # 2 ABOVE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove nse to immediate couse (a), DUE TO stating the underlying couse has been be detached for use as the State Dept. of Health prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO certificate 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INBURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) ((aunty) (State) TO FUNERAL DIRECTOR: After this Not While Hour om factory, street, office blda, etc.) of work ATTENDING of work 21. I certify that (!) (this haspital) attended the deceased fram 19 5 8 to august 27, 1967, that (1) (we) last saw the deceased alive an accust 37 1947, and that death accurred at 9 & M, fram causes and an the date stated above 22b. DATE SIGNED 220 SIGNATURE ATTENDING director, page 3 should be filed v MD. DIRECTOR PHYS PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) CHARLES GREENWELL M. D. LEGNARDTOWN. MARYLAND 230 BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (Stote) BURIAL (Specify) Aug. 30. 1967 TRINITY EPISCOPAL CEMETERY ST. MARY'S CITY MA 25g RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 3 I 1967 Clarka Que MARYLAND 24 FUNERAL DIRECTOR Charles VR A15 (4) LEONARDTOWN. MARYLAND 25M 1/67

		Division of STATISTICAL RESEARCH	AND RECORDS, 301	W. PRESTON STRE	ET, BALTIMORE, MARYLAN	ID 21201
FOR STATE		11513 MEDICA	L EXAMINER'S	CERTIFICATE O	F DEATH	11518
HEALTH DEPT	T	PLACE OF DEATH O. COUNTY ST. MARY 5	MARYLAND	2 USUAL RESIDENCE (NO STATE VIRG	Where deceosed lived, if institution b. COUNTY	Residence before odmission) /
ry delay is 2, and 3 to PM3 Page partment of after defith		b. CITY OR TOWN (If outside corporate limits, c. LI			itside corporate limits, write RURAL	and give nearest tawn)
2, and PM3 PM3 PM3 PM3 PM3 after		write RURAL and give nearest town) RURAL AVENUE	2 WEEKS	ARLINGTO		52.3
~		d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give sti	eet oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
th If any delay uges 1, 2, and 3 h farm PM3 Pa	_			2804 - 8т	H STREET SOUTH	YES ND XX
24 haurs after death If in Item 18. Give Pages 1, r's Office along with farm es Land 2 with the State De my event within (2 hadrs).	3	NAME OF First DECEASED	Middle	Lost	4 DATE Month	Doy Year
er d sive ng v thin	L	(Type or print) PAUL E		KECKLER	DEATH AUGUST	17, 1967
after of 8. Grve alang vith the within	,	THANKED .	<b>□</b> i	DATE OF BIRTH	ost birthdov) Mi	UNDER 1 YEAR   IF UNDER 24 HR5
haurs Office ( ) and 2 v		WALE WHITE WIDOWED USUAL OCCUPATION (G ve kind of work done 10b K ND OF		OCTOBER 20,	1895 /1 yrs.	
24 haurs in Item 18 r's Office ss 1 and 2	Qn1	ng most of working I fe, even if retired) INDUSTR'		11 B RTHPLACE (State	or foreigh country)	12 CITIZEN OF WHAT COUNTRYS COUNTRY COUNTR
hin 24 haurs ncil in Item I niner's Office pages I and 2 in any event	13.	CIVIL SERVICE		14 MOTHER'S MAIDEN I	VAMF	U.S.A.
irthin amin a pag		SIMON KECKLER		SUSAN N	·····	
d will be Exar	15	WAS DECEASED EVER NOWS ARMED FORCES? 16 SOCIAL	SECURITY NO 17 IN	FORMANT	Address	
xecuted nding ir Medical I permit. maval, c	[ (Y	s, no, or unknown) (If yes give wor or dates of service)	Walte	LIAM B. KEC		
pending pending of Medical sit permit.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY		1 =		INTERVAL BETWEEN
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shauld be e ne word "per a the Chief ! burial-transit mation, ar re		Conditions, if any, which gave ) (b)	Anless	n a sta		5-91
the slamper than the sl		rise to immediate couse (a), stating the underlying couse DUE TO	My Trown	4)4		- FC-Cg
ing ing ded as c		lost (c)				
INER: This certificate shauld be executed within 24 in certificate, writing the word "pending" in pencil in shauld be forwarded to the Chief Medical Examiner's files.  3 shauld be used as a burial-transit permit. File pages ent, prior to burial, cremation, ar remaval, and in any	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO TH	IE TERMINAL DISEASE CON	DITIDN GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
teoreal EXAMINER: The asse execute the certificaterar. Page 4 shauld be ained far yaur files. IRECTOR: Page 3 shauld be designated agent, prior the	200 EXTERNAL CAUSE WAS PRIMARY OF CONTR. BUTING CAUSE OF DEATH  200 EXTERNAL CAUSE WAS PRIMARY OF CONTR. BUTING CAUSE OF DEATH  200 TIME DF INJURY Month, Day, Year  201 INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of Item 18)  202 FACE OF INJURY (Home, form, 20) (City or town) (Count of the plant of					
EXAMINER: ute the cert age 4 shauld your files. Page 3 shau ed agent, pr.	MEDICAL	20c TIME DE INJURY Month, Day, Year 20d INJURY (	CCURRED 20e P.ACE	OF INJURY (Home, form	, 201 (City or town)	(County) (State)
<b>₹</b> + + + • B	MED.	Hour om While	Not While of work	y, street, office bldg etc.)	, , , , , , , , , , , , , , , , , , , ,	(100.1)
MESTAL EXA please execute director. Page retained far yau DIRECTOR: Page		21 I certify that I taok charge of the rema		an Autonsy	Inspection , Inquiry	and in my opinion
execution Property Pr				ie , Homicide		
ase				CHIEF MEDICAL		VI []
S Ded S		ACTUAL SIGNATURE	Blan	M D ASSISTANT MEDI	CAL EXAMINER	22. DATE SIGNED
TO DEPUTY MESTAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age		EXAMINER'S P. J. BEAN M. D			L EXAMINER ()	Aug. 17, 19
Heal Heal	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c	NAME OF CEMETERY DR CR		23d .OCATION (City of Town)	(County) (State)
W		CREMATION MUG. 19, 1907	CEDAR HILL C		SUITLAND, PRI	NCE GEORGE, MD.
VR A15ME (5)		FUNERAL DIRECTOR	ADDRESS	25e RECD	BY REGISTRAR 256 REGIST	RARS SIGNATURE
6M 1/66	I YY	. CLARKE MATTINGLEY LEONARDS	OWN. MARYLAN	ND DATE	A T IOM! Y	10

MARYLAND STATE DEPARTMENT OF HEALTH



	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
-131			11514		CERTIFICATE			519
	by the foreral pages transfer death.		PLACE OF DEATH b. COUNTY  St. Mary S b CITY OR TOWN (If outside corposote write RURAL and give pearest lown  Leonard town	i limits, n)	MARYLAND  c LENGTH OF STAY IN 16	o. STATE Mare	(Where deceased lived, if institution by COUNT and witside corporate limits, write RURA len Rural	St. Mary's
	Illed on 124 ho		A NAME OF HOSPITAL OR INSTITUTION  St. Mary's	(If not in hospital, Hospital,	give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO
	icate be executed within 24 isician and campletely filled please remave carban gase I, and in any event, withing	5.	Male White	7 MARRIED WIDOWED	Middle  Anbrose  NEVER MARRIED   8  DIVORCED   8		4 DATE Month OF DEATH 9. AGE (In years last birthday) yrs. y & State, or foreign country)	F JNDER YEAR IF UNDER 24 HRS Manths Days Hours M.n.
	ertificate be exe physician and c nen please remo naval, and in any	dur	ng mast af warking life, even if retired)  FATHER'S NAME		DUSTRY	Charles 14. MOTHER'S MAIDEN		COUNTRY?
	ne death certi attending ph permit. Then ian, ar remavu	15 (Ye	Stauton Warren I WAS DECEASED EVER IN U.S. ARMED FOI Spo, or unknown) (If yes give wor or o	R(FS? 16. lotes of service)		Alice R NFORMANT LS. Dora Go	Rebecca Turner Address	ex. Maruland
	physician. physician. signed by the burial-transit burial, cremot		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE (Conditions, fony, which gave inselio immediate couse (a), stoting the underlying cause last.	AUSE (a)	(d), (b), and (d) while of	ailie or dise	re.	TATERVAL BETWEEN ONSET AND DEATH
	: The loar attender has been use as alth price	ATION	PART II OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19 WAS A TOPSY PERFORMED? YES NO
	rstclan sspital certifical hed for t. of He	L CERTIFICATION	200 ACCIDENT WAS JNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED (	Enter noture of injury in	Part I ar Part II of item 18.)	
	NG PH) y the he er this e detacl ate Dep	MEDICAL	20c. TIME OF NIJERY Month, Day, Y Haur o.m. p.m.	19 While	k Not While facto	E OF INJURY (Hame, far ary, street, affice bldg., etc		(County) (State)
	TTENDII Dined by OR: Aft tould by		21. I certify that (I) (this sow the deceased alive of		ded the deceased from 19 65 and that	death accurred a	1964, to By S 1 Am M, from couses o	nd on the date stated obove.
			22c PHYSICIAN'S CL	4 All	resull ( me	ATTENDING PHYS. 22d ADDRESS	MED. STAFF PHYS.	22b. DATE SIGNED
	SPITA 4 mg/ NERAL for, p	27.		Greenwel TE THEREOF	L. M.D.  T 23c. NAME OF CEMETERY OR C		onardtoun, Mary	
	VR A15 (4)		PEMOVAL (Specify)  Bureal  FUNERAL DIRECTOR	7/167	Fort Lincoln ADDRESS	Cemetery 250. REC	23d. LOCATION (City or Tow Bladen Shung D BY REGISTRAR 25b M	n) (County) (State)  Manufand  ISTRAR S SIGNATURES
	25M 1/67		V. Clarke Matting	ley L	eonardtoun, Md.	DATE -	WG 9 1967	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11520 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) b. COUNTY o. COUNTY o. STATE oferely filled in by the fune carbon papers. Pages 1 a ST. MARY S MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6 YEARS LEGNARDTOWN LEGNARDTOWN d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? CHURCH STREET CHURCH STREET YES NO XX campletely fi 3 NAME OF Middle DATE Last Month Day Year DECEASED (Type or print) VERA PONT MAY DEATH AUGUST 5. SEX AGE in years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 7. MARRIED remove las' pirthdoy) Months Doys DIVORCED WIDOWED JAN. 16. FEMALE and in any WHITE and 11. BIRTHPLACE (County & State or logeign country) 100 USJAL OCCUPATION (G ve kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT attending physician ( sermit. Then please INDUSTRY **COUNTRY?** WEST MAITLAND HOUSE WIFE

13. FATHER'S NAME AUSTRALIA AUSTRALIAS 14. MOTHER'S MAIDEN NAME crematian, ar remaval, ARTHUR WILLIAM DAUNT LAURA JOHNSON IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) JOYCE A. MATTINGLY LEONARDTOWN. MD. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p burial, cremati PART I DEATH WAS CAUSED BY ONSET AND DEATH (MMEDIATE CAUSE (a) by the haspital or attending physician. DUF TO Conditions, if any which gave rise to immediate cause (a), DUE TO stating the underlying cause as the has been Inst. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T.ON GIVEN IN PART 1(d) 19 WAS AUTOPS of far use of Health p PERFORMED? NO certificate 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18 OR CONTRIBUTING CAUSE OF DEATH TO FUNERAL DIRECTOR: After this certification, page 3 shauld be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) Hour 'a.m. Not While at work factory, street, office bldg , etc.) ATTIMOTING at wark 21. I certify that (1) (this hospital) attended the deceased fram May 19 6.40 totices 1967, that (I) (we) last Page 4 may be retained 14 1967, and that death accurred at 41 A M, from causes and an the date stated above saw the deceased alive an Guy SIGNATURE M.D. DIRECTOR PHYS director, page shauld be filed RHYSICIAN'S 22d, ADDRESS NAME (Type) JOHN F. FENWICK M. D. LEGNARDTOWN. MARYLAND 23a. BUR AL, CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) CREMATION Aug. 28.1967 CEDAR HILL CREMATORY SUITLAND PRINCE GEORGE 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Marley DATIAUG 3 1967 W. CLARKE MATTINGLEY LEGNARDTOWN. MARYLAND

\* \*\* † \* \* ŧ ę +

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 11521 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) **a.** COUNTY 100 e. STATE b. COUNTY ST. MARYS MARYLAND MARYS MARYLAND and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) write RURAL and give nearest town) Pages 1 after LEON ARDTOWN LEONARDTOWN filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE d. STREET ADDRESS N2 N-1 ON A FARM? letely × 5 YES NO 5 executed NAME OF First Middle 4. DATE Month Dev Yeer Last COMP DECEASED OF 2 (Type or print) BROTHER AMADEUS C.F.X. (REUTER) DEATH 19 31 AUG. 67 carbon 6. COLOR OR RACE TO MARRIED THEYER MARRIED TO 3 5. SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS and certificate be lest birthdey) Days Months Hours event, MALE WIDOWED [ DIVORCED physician remove 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, evan if retired) TEACHER REIGIOUS OHIO USA please .⊆ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and GEORGE REUTER ROSE BURBINK Then requires that the oval. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unknown) i (If yes give we condetes of service) physician. NO BROTNER SCOTT 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). signed by INTERVAL BETWEEN ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY cremation. IMMEDIATE CAUSE (e) burial-transit **DUE TO** attending The law has been Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the undarlying cause lest. the hospital or (c) certificate 35 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)) 19. WAS AUTOPSY 2 CERTIFICATION PERFORMED? USB prior YES NO jo 200. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Part II of I'em 18.) After this Health OR CONTRIBUTING [ ] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) retained by 20c. TIME OF INJURY Month, Dev. Year 20d INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or fown) (County) (Stete) ö fectory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR: Dept. at work at work 19 p.m. å 19 to....., 19....., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... should State and that death occurred at .......M, from the causes and on the date stated above. saw the deceased alive on..... may 22b. DATE 22e. SIGNATURE SIGNED ATTENDING. MED STAFF HOSPITAL death. Page 4 O FUNERAL page with t PHYS. PHYS. K DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME [Type] LAUREL rector, LEONARDTOWN.MARYLAND filed 23e, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stele) o ÷ & REMOVAL (Specify) LEONARDTOWN MARYLAND SACRED NOVITIATE ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE LEUNARDTOWN . MARYLAND VR A1S 20M S-63



ARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	1201
	11518 CERTIFICATE OF DEATH 1152	3
	PLACE OF DEATH  a COUNTY St. Mary's  2 USUAL RESIDENCE (Where deceosed lived, if institution. Reside of STATE   St. Maryland   St. Maryland	· Mary's
-	b. CITY OR TOWN (If autside carparate hmits, write RURAL and give negres) town)  Patixent River  d. NAME OF HOSPITAL OR INSTITUTION (If not up hospital, give street address)  Lexington Park  d. STREET ADDRESS	e is residence
	U.S. Maval Air Station Tospital 603 Chinlee Drive	ON A FARM? YES NO []
	last histhday Heathe	Doy Year 17 19 57 R 1 YEAR   IF UNDER 24 HRS. Days Hours Min.
dı	Female Cau WIDOWED DIVORCED August 15, 1047 Vrs. Maintenance of JUNION (Give kind of wark done pring most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  St. Mary s Maryland  14. MOTHER'S NAME	CITIZEN OF WHAT OUNTRY? USA
18	Edward Schaefer	
15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Ves, na, ar unknawn) (If yes give war ar dotes af service) 16 SOCIAL SECURITY Na. 17 INFORMANT Address Edward Schaefer	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Pulmonary hemorrhage  DUE TO Tremorrhagis diathesis of newborn	INTERVAL BETWEEN ONSET AND DEATH  45 hours
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO Prematurity and hyaline disease (c)	7) 11001.5
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL	U.n. arwark — arwark —	ounty) (State)
	saw the deceased alive an 17 AU 19 7, and that death accurred at M, fram causes and an	
	220. SIGNATURE  M.D. ATTENDING MED. DIRECTOR DIRECTOR PHYS. 221. 17  220. PHYSICIAN'S 226. ADDRESS	Aug 1967
· Separate s	NAME (Type) JAMES R. ABEL Same as # 1	
2	3d. BURIAL, CREMATION, REMOVAL (Specify) 8/22/67 ARLINGTON NATIONAL CEM ARLINGTON VIR  ARLINGTON NATIONAL CEM ARLINGTON VIR  ARBORESS 25d. REGISTRAR 25b. REGISTRAR'S	SIGNATURE
X.	JOHN M. WELCH - LEONARDTOWN, ND. DATE AUG 2 1 1967 gold	wey Judges



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11524 11519 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. eath. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased eved, if institution. Residence before admission) o. COUNTY o. STATE **b.** COUNTY St. Mary s MARYLAND b CITY OR TOWN (# outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate amits, write RURAL and give negrest town) write RURAL pod give nearest town) Leonardtown HOUR MECHANICSVILLE d. NAME OF HOSPITA. OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RES DENC = ON A FARM? Sto Mary a Hospita YES NOXX attending physician and completely? NAME OF Middle Lost 4 DATE Month Doy Year DECEASED OF (Type or prent) WELLEAM MILTON SHORTER DEATH August S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 66 pirthday) 9 AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours JAN. 14, 1901 and in any WIDOWED DIVORCED MALE NEGRO 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? MARYLAND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, WILLIAM HENRY SHORTER ELSIE JANE BROWN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service 214-58-0100 MARY C. JENNIFER MECHANICSVILLE, MARYLAND 18. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c) PART 1 DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 0360 IMMEDIATE CAUSE (o) the haspital ar attending physician. DUE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stating the underlying couse os the prior tal O FUNERAL DIRECTOR: After this certificate has been last 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) use CERTIFICATION Dept. of Health YES T NO ATTENDING PHYSICIAN: 20o ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF NJJRY Month, Doy Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour to m. Not While factory, street, office bldg., etc.) at work ot work pe 21. I certify that (I) (this haspital) attended the deceased from be retained M, from causes and an the date stated above. saw the deceased alive an and that death accurred at 22o. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 shauld be filed v M.D. PHYS DIRECTOR TO HOSPITAL Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MECHANICSVILLE. MARYLAND 1 NEW MARKET, ST. MARY S. MARYLAND
250 RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
DATE 0 3 1 1967 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION REMOVAL (Specify) Aug. 31, 1967 EBENEZER CEMETERY 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 520 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11525 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY R. STATE b. COUNTY MARYLAND cessary, funeral ment b. CITY OR TOWN (if outside corporate ilmits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL end give mearest town) c. LENGTH OF STAY IN 1b Leonardtown Runa IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS St. Mary & Hospita YES X NO 3. NAME OF First DATE Middle Month Day Year Last DECEASED 19 67 (Type or print) DEATH LUQUAT AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months | Days | Hours | Min. 5. SEX 6. COLOR OF RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED 10 WIDOWED DIVORCED 49 PO 18. Give Pag along with and 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) during most of working life, even if retired) COUNTRY? arpenter along Maruland any pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME hours Item Gertrude Buckler ames File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT EXAMINER: This certificate should be executed within 29 recriticate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's 0 (Yes. no. or unkown) (If yes nive war or dates of service) permit. Mary Frances Avenue. NTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, or IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which (b) gave risa to immadiata DUE TO couse (e), steting tha user as a to burial, underlying ceusa last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION PERFORMED? NO DE YES should be lent, prior 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Part 11 of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 shoul MEDICAL (State) 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While designated et work at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy inspection X Inquiry DIRECTORS Natural causes . Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER for your Page ACTUAL BATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURI 10 FUNERAL DEPUTY MEDICAL EXAMINER 🔀 Health **EXAMINER'S** director. Boud Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 Sacred Heart Buria. 25a REC'D BY REGISTRAR 250. 24. FUNERAL DIRECTOR ADDRESS 1967 VR ALSME (5) Larke Mattino Leonardtown.

. . . rise ... intid the leasest the stands about a second to 12.42.33 4 4 A THE WOLLD Special to the second year years and they are they are the many strength of the second the property of the second property of the se the state of the s

50.2 Market , Lander & Markets & 1 WATER BUTTON SALES AND THE TOTAL TOTAL Source of the second of the se words table The series will the and a some A statement Marin Statement of Statements of Land and the control of the best of with the state of weeter serviced pate, i. see Jahnes THE PLANT AND THE PROPERTY OF THE PARTY OF T